



## MPM (Career Field 50 for GS-204/205s) Training & Development Application

**PURPOSES & USES:** To obtain information for the enrollment of Military Personnel Management clerks/technicians requesting training & development within the guidelines of the MPM (CF50) ACTEDS Plan and as announced in the annual Catalog of Army Civilian Training, Education and Professional Development Opportunities. Refer to the plan for course information and the catalog for application procedures.

### APPLICANT

1. NAME(last, First, Middle Initial)		2. Social Security No.	3. Pay Plan/Series/Grade
4. Duty Position		5. Length of Service (Years, Months)	6. Last Promotion (Year, Month)
7. Home Address (Street, City, State & ZIP)		8. Organization Name/Office Address	9. MACOM
10. Phone Numbers	a. HOME (with area code)	b. OFFICE (Comm & DSN)	c. OFFICE FAX
11. a. I REQUEST ENROLLMENT( ) or DEVELOPMENT( ): Course Title OR Location: _____ Date(s): _____ Subcourse(s) or Task(s) OR Developmental Asgmt:			b. Purpose/Reason:
12. APPLICANT SIGNATURE			13. DATE

### FIRST LINE SUPERVISOR

14. Supervisor: In the space below, provide your recommendation for this employee's participation in the training/development program indicated, AND indicate utilization upon completion of the training which will ensure a return on the training investment.			
15. Supervisor's NAME, TITLE & GRADE	16. SIGNATURE	17. OFFICE PHONE	18. DATE